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FACSIMILE TRANSMISSION COVER SHEET

Date: November 2, 2004

To: United States Patent and Trademark Office
Examiner: Ngo, Hung V.; Art Unit: 2831

Fax: (703) 872-9306

Re: **Application Serial No.: 09/638,172**
Filing Date: 8/11/2000; First-Named Inventor: Hawks, Doug A.
Attorney Docket No.: 00CON115P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 21

Message:

Enclosed please find the Amendment and Response to the Non-Final Office Action dated August 4, 2004.

Thank you.

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Attorney Docket No.: 00CON115P

AMENDMENT COVER SHEETIN RE APPLICATION OF: Hawks, et al.SERIAL NO.: 09/638,172 FILED: August 11, 2000FOR: Method and Structure for Securing a Mold Compound to a Printed Circuit BoardHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	430.00	215.00	\$
THIRD MONTH AFTER TIME PERIOD SET	980.00	490.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,530.00	765.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small-Entity	FEE
TOTAL CLAIMS	16	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 88	x 44	\$
First presentation of multiple dependent claim				+ 300	+ 150	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

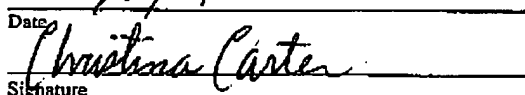
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 00CON115P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 11/2/04By: 
Michael Farjami, Reg. No. 38.135CERTIFICATE OF FACSIMILE TRANSMISSION

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Date: 11/2/04
Signature: 
Name of Person Performing Facsimile Transmission: Christina Carter

Michael Farjami, Esq.
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☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

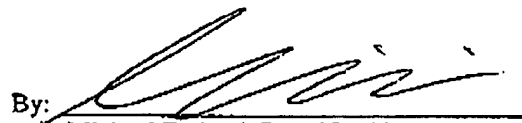
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TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

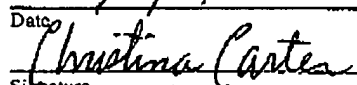
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